

SENATE BILL 1685
By Dixon

AN ACT to amend Tennessee Code Annotated, Title 56, Chapter 7, Part 23, relative to insurance coverage for colorectal cancer early detection.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by adding the following language as a new, appropriately designated section:

56-7-2363.

(a) All individual and group health insurance policies providing coverage on an expense incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not pre-empted by federal law and all managed health care delivery entities of any type or description, hereafter referred to as plan or issuer, that are delivered, issued for delivery, continued or renewed on or after July 1, 2003, and providing coverage to any resident of this state shall provide benefits or coverage for all colorectal cancer examinations and laboratory tests specified in current American Cancer Society (ACS) guidelines for colorectal cancer screening of asymptomatic individuals. Coverage or benefits shall be

provided for all such colorectal screening examinations and tests that are administered at a frequency identified in the current ACS guidelines for colorectal cancer.

(b) Benefits are provided under this section for a covered individual who is:

(1) At least fifty (50) years of age; or

(2) Less than fifty (50) years of age and at high risk for colorectal cancer according to current ACS colorectal cancer screening guidelines.

The coverage required under this section must meet the requirements set forth in subsection (c).

(c) To encourage colorectal cancer screenings, patients and health care providers must not be required to meet burdensome criteria or overcome significant obstacles to secure such coverage. An individual shall not be required to pay an additional deductible or coinsurance for testing that is greater than an annual deductible or coinsurance established for similar benefits. If the program or contract does not cover a similar benefit, a deductible or coinsurance may not be set at a level that materially diminishes the value of the colorectal cancer benefit required. Reimbursement to health care providers for colorectal cancer screenings provided under this section shall be equal to or greater than reimbursement to health care providers provided under Title XVII of the Social Security Act (Medicare).

(d) A group health plan or health insurance issuer is not required under this section to provide for a referral to a non-participating health care provider, unless the plan or issuer does not have an appropriate health care provider that is available and accessible to administer the screening exam and that is a participating health care provider with respect to such treatment.

(e) If a plan or issuer refers an individual to a non-participating health care provider pursuant to this section, services provided pursuant to the approved screening exam or resulting treatment, if any, shall be provided at no additional cost to the

individual beyond what the individual would otherwise pay for services received by such a participating health care provider.

(f) Nothing contained in this section shall be construed or interpreted as applying to the TennCare program administered pursuant to the waivers approved by the United States department of health and human services.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.